

**AMENDMENTS TO THE CLAIMS**

Please amend the following claims as follows:

1. (Previously presented) A method of collecting fees for managing and optimizing the profitability of a plurality of physicians in a healthcare practice participating in an insurance network, the method comprising the steps of:

establishing a relationship between a healthcare consultation group and the healthcare practice participating in the insurance network to increase the plurality of physicians' profitability by reducing a risk of the healthcare practice not receiving a predetermined reimbursement amount for ancillary medical costs from the insurance network;

funding an incentive pool;

gathering data in a tangible computer medium from each of the plurality of physicians in the healthcare practice participating in the insurance network including ancillary medical costs respective to the physicians;

modifying behavior of at least one of the plurality of physicians in the healthcare practice for management of the ancillary medical costs responsive to the data gathered in the tangible computer medium;

determining whether the ancillary medical costs of the plurality of physicians in the healthcare practice have reached a predetermined level within a preselected period of time;

paying funds from the funded incentive pool to the healthcare practice participating in the insurance network when the ancillary medical costs of the plurality of physicians in the healthcare practice have not decreased to the preselected level over the preselected period of time; and

distributing predetermined percentages of savings attributed to the modifying behavior of the plurality of physicians ancillary medical cost management if the ancillary medical costs of the plurality of physicians in the healthcare practice have decreased to the preselected level over the preselected period of time.

2. (Currently amended) The method as defined in Claim 1, wherein the step of distributing the predetermined percentages of the savings includes dividing the savings into selected percentages between at least two of the healthcare consultation group, the healthcare practice, and the insurance network, and distributing the savings to the at least two of the healthcare consultation group, the healthcare practice, and the insurance network, ~~base~~based on the selected percentages.
3. (Previously Presented) The method as defined in Claim 2, further comprising the step of collecting no fee by the healthcare consultation group if the healthcare practice does not reduce the ancillary medical costs to the preselected level over the predetermined period of time.
4. (Original) The method as defined in Claim 3, wherein each of the respective predetermined percentages of savings distributed to the healthcare consultation group and the healthcare practice are greater than the predetermined percentage of the savings distributed to the insurance network, and wherein the step of funding the incentive pool includes the healthcare consultation group funding the incentive pool.
5. (Previously Presented) The method as defined in Claim 4, further comprising the step of providing a billing fee structure from the healthcare consultation group wherein the savings are calculated by subtracting current ancillary medical costs from predetermined baseline ancillary medical costs.
6. (Previously Presented) The method as defined in Claim 5, further comprising the step of calculating the billing fee structure for the healthcare consultation group by multiplying a predetermined percentage of the savings by the number of patients participating in the healthcare practice.
7. (Original) The method as defined in Claim 1, wherein the ancillary medical costs include any costs taken from the group of pharmacy, radiology, laboratory, anesthesiology, occupational therapy, physical therapy, speech therapy, therapeutic radiology, operating room, or emergency room costs.

8. (Previously presented) A method of collecting fees for managing a plurality of physicians in a healthcare practice participating in an insurance network, the method comprising the steps of:

establishing a relationship between a healthcare consultation group and the healthcare practice participating in the insurance network to reduce a risk of the healthcare practice not receiving a predetermined reimbursement amount for ancillary medical costs from the insurance network;

funding an incentive pool;

establishing a plan to pay funds from the funded incentive pool to the healthcare practice participating in the insurance network, wherein the payment of funds occurs in the plan when the ancillary medical costs of the plurality of physicians in the healthcare practice do not decrease to a preselected level over a preselected period of time;

gathering data in a tangible computer medium from each of the plurality of physicians in the healthcare practice participating in the insurance network including ancillary medical costs respective to the physicians;

modifying behavior of at least one of the plurality of physicians in the healthcare practice for management of the ancillary medical costs responsive to the data gathered in the tangible computer medium;

determining whether the ancillary medical costs of the plurality of physicians in the healthcare practice have reached the preselected level within the preselected period of time; and

distributing predetermined percentages of savings attributed to the modifying ancillary medical cost management behavior of the plurality of physicians if the ancillary medical costs have decreased to the preselected level over the preselected period of time.

9. (Previously presented) The method as defined in Claim 8, wherein the step of funding the incentive pool includes the healthcare consultation group funding the incentive pool, wherein the modifying behavior of the plurality of physicians is responsive to recommendations of the healthcare consultation group, and the method further comprising the step of paying funds from the funded incentive pool only if the ancillary medical costs of the plurality of physicians in the

healthcare practice do not decrease to the preselected level over the preselected period of time responsive to the modifying behavior.

10. (Currently amended) The method as defined in Claim 9, wherein the step of distributing the predetermined percentages of the savings includes dividing the savings into selected percentages between at least two of the healthcare consultation group, the healthcare practice, and the insurance network, and distributing the savings to the at least two of the healthcare consultation group, the healthcare practice, and the insurance network, basebased on the selected percentages.

11. (Previously Presented) The method as defined in Claim 10, further comprising the steps of collecting no fee by the healthcare consultation group if the healthcare practice does not reduce the ancillary medical costs to the preselected level over the predetermined period of time and providing a billing fee structure from the healthcare consultation group wherein the savings are calculated by subtracting current ancillary medical costs from predetermined baseline ancillary medical costs.

12. (Previously Presented) The method as defined in Claim 11, wherein each of the respective predetermined percentages of savings distributed to the healthcare consultation group and the healthcare practice are greater than the predetermined percentage of the savings distributed to the insurance network, and wherein the ancillary medical costs include any costs taken from the group of pharmacy, radiology, laboratory, anesthesiology, occupational therapy, physical therapy, speech therapy, therapeutic radiology, operating room, or emergency room costs.

13. (Previously presented) A method of collecting fees for managing and optimizing the profitability of an insurance network having a plurality of physicians in a healthcare practice participating therein, the method comprising the steps of:

establishing a relationship between a healthcare management consultation group and the healthcare practice participating in the insurance network to increase the insurance network's profitability by limiting the plurality of physicians' ancillary medical cost management behavior that is not preferred by the insurance network;

gathering data in a tangible computer medium from each of the plurality of physicians in the healthcare practice participating in the insurance network regarding management of ancillary medical costs respective to the physicians;

modifying behavior of at least one of the plurality of physicians in the healthcare practice for management of the ancillary medical costs responsive to the data gathered in the tangible computer medium;

determining whether the ancillary medical costs of the plurality of physicians in the healthcare practice have reached a preselected level within a preselected period of time;

funding an incentive pool to be paid to the insurance network when the modified medical management practices do not decrease ancillary medical costs of the insurance network to the preselected level over the preselected period of time; and

distributing predetermined percentages of savings attributed to the modifying behavior of the plurality of physicians ancillary medical cost management to at least one of the insurance network and the healthcare management consultation group when the ancillary medical costs have decreased to the preselected level over the preselected period of time.

14. (Canceled)

15. (Currently amended) The method as defined in Claim 13, wherein the step of distributing the predetermined percentages of the savings includes dividing the savings into selected percentages between at least two of the healthcare consultation group, the healthcare practice, and the insurance network, and distributing the savings to the at least two of the healthcare consultation group, the healthcare practice, and the insurance network, ~~base~~based on the selected percentages.

16. (Currently amended) The method as defined in Claim 15, further comprising the steps of collecting no fee by the healthcare consultation group if the modified medical management practices do insurance network does not reduce the ancillary medical costs of the insurance network to the preselected level over the predetermined period of time.

17. (Original) The method as defined in Claim 15, wherein each of the respective predetermined percentages of savings distributed to the healthcare consultation group and the

insurance network are greater than the predetermined percentage of the savings distributed to the healthcare practice.

18. (Previously Presented) The method as defined in Claim 17, further comprising the step of providing a billing fee structure from the healthcare consultation group wherein the savings are calculated by subtracting current ancillary medical costs from predetermined ancillary medical costs.

19. (Previously Presented) The method as defined in Claim 18, further comprising the step of calculating the billing fee structure for the healthcare consultation group by multiplying a predetermined percentage of the savings by the number of patients participating in the healthcare practice.

20. (Previously presented) The method as defined in Claim 13, wherein the ancillary medical costs include any costs taken from the group of pharmacy, radiology, laboratory, anesthesiology, occupational therapy, physical therapy, speech therapy, therapeutic radiology, operating room, or emergency room costs.